

MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation

**WEEKLY REQUEST FOR ALLOWANCES FOR  
TAA/TRA UNDER TRADE ACT, AS AMENDED**

**ATTENDANCE FORM AND REQUEST FOR  
TRAVEL / SUBSISTENCE**

Mail original copy to:  
Maine Department of Labor  
Bureau of Unemployment Compensation  
Special Payment Unit  
P.O. Box 259  
Augusta, Maine 04332-0259  
  
Telephone: (207) 287-4560

|   |                             |  |
|---|-----------------------------|--|
| Worker's Name   | Social Security No.         |  |
| Mailing Address (No. & Street, City or Town, State, Zip Code) | Check Here if New Address > |  |

Week Ending Date (Saturday date)\_\_\_\_\_

**IMPORTANT NOTICE:** If you are filing for weekly TRA benefits, your weekly claim card **MUST** be mailed with this form. We cannot pay your claim without both forms.

**TO BE COMPLETED BY STUDENT**

- A. 1. Have you applied for or received any allowances such as TRA from another state, DWB, BEOG, VETERANS' EDUCATIONAL ASSISTANCE, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, etc., for the week claimed? ☐ Yes ☐ NO

If "YES," Name of Program\_\_\_\_\_Date Received\_\_\_\_\_Amount Received \$\_\_\_\_\_

Semester/Mods:\_\_\_\_\_Start Date of Grant\_\_\_\_\_Ending Date of Grant\_\_\_\_\_

2. Other than Maine TRA or Maine UI, have you filed, intend to file, or received unemployment insurance under any state or federal law for the week claimed? ..... ☐ Yes ☐ NO

If "YES," Type of Claim\_\_\_\_\_Paying State\_\_\_\_\_Amount Received \$\_\_\_\_\_

3. TRAVEL: If eligible for travel allowance, on which day(s) did you use your **OWN** vehicle? Check box(es).

☐ Sunday; ☐ Monday; ☐ Tuesday; ☐ Wednesday; ☐ Thursday; ☐ Friday; ☐ Saturday

4. SUBSISTENCE: If you are receiving subsistence allowance, indicate the nights you were away from your regular residence.

☐ Sunday; ☐ Monday; ☐ Tuesday; ☐ Wednesday; ☐ Thursday; ☐ Friday; ☐ Saturday

- B. **STUDENT'S CERTIFICATION:** I give this information to support my request for allowances. The information contained in this request is correct to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I authorize deduction for any advance made to me, if appropriate.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**MUST BE COMPLETED BY TRAINING FACILITY**

- A. ATTENDANCE RECORD:** Enter:    "☐ " or "P" = Present  
  "X" or Blank = Non-Training Days  
  "A" = Absent (indicate reason for absence in item 2)

1.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

2. Reason for Absence:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Number of Days Training Scheduled For Week Claimed\_\_\_\_\_

4. If Student on Semester / School Vacation, Give Dates:\_\_\_\_\_

5. If Student Terminates Training or Graduates, Give Date:\_\_\_\_\_

**B. TRAINING FACILITY CERTIFICATION:**

The above information is in accordance with our records. Statements made by the student appear to be complete and correct to the best of my knowledge.

**1st School**

|  |
|--|
| Do you agree with the above attendance record? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If "NO," please explain |
| Name of Training Facility  |
| Name of Training Official (Print or Type)  |
| Signature of Training Official   |
| Date   |

**2nd School** (if appropriate)

|  |
|--|
| Do you agree with the above attendance record? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If "NO," please explain |
| Name of Training Facility  |
| Name of Training Official (Print or Type)  |
| Signature of Training Official   |
| Date   |